(Resident-Decedent)

(Form of preliminary report to secure consents to transfer where final return cannot be presently completed)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF TAXATION

Individual Tax Audit Branch Transfer Inheritance and Estate Tax PO Box 249

Trenton, New Jersey 08695-0249 (609) 292-5033

Failure to fully complete this form may result in delay in issuing consents to transfer

	IN THE MATTER	OF THE ESTATE OF	,	,		
			Decedent's Soc	ial Security Number		
(State Full Name of Decedent)						
Late of (City) (County)			— Affic	davit of: ☐ Administrator		
			☐ Heir-at-Law a			
CTATE OF		}		bove with an X)		
STATE OF						
		(1	Executor), (Administrator), (Heir-at	-Law and Next of Kin) of abov		
		ns are true and that this affidavit is sul egular detailed inheritance tax return.	bmitted for the purpose of securing of			
(Testate					
Decedent died {	Intestate					
•	intestate	(Month)	(Day)	(Year)		
Letters of Ac	dministration	were issued by the Surrog	gate of the County of			
Testamentary		State of				
		5	(Name)			
Address to which all corresp	ondence should be i	nailed.	` /			
		(Street)	(City)	(State) (Zip)		
1. Following is the statu	s of decedent's estat	te as presently established:				
GROSS ESTATE - I	NHERITANCE TA	AX	\$			
(Include all New Jers	ey realty, New Jerse	y tangible personalty, and intangible				
both in and outside of	f New Jersey.)					
DEDUCTIONS (Debts, funeral, legal						
(Debts, Tulleral, Tegal	services, etc.)					
NET ESTATE			\$ <u> </u>			
FOR DECEDENTS		ECEMBER 31, 2001, GROSS				
ESTATE (\$		DEDUCTIONS (\$) FOR FEI) DERAL			
ESTATE TAX PURI	POSES UNDER TI	HE PROVISIONS OF THE INTER	RNAL			
REVENUE CODE I	N EFFECT ON DI	ECEMBER 31, 2001	\$ <u> </u>			
It is not possible at this time	to complete an Inhe	eritance 🗆 and/or Estate Tax 🗖 retur	n for the following reasons: (Recite	e the facts with reference to the		
	•		- · · · · · · · · · · · · · · · · · · ·			
unavoidable cause of delay.	If more space is req	uired, attach rider):				

2.	The decedent in his lifetime made the following transfers of a mate full financial value of the property transferred:		-
	(List facts as to any such transfers, including dates, amounts, name of trust, include copy thereof.) (Give ages of life tenants or annuita		
3.	Decedent owned the following New Jersey real estate:		
	DESCRIPTION	FULL ASSESSED VALUE	FULL MARKET VALUE
		\$	\$
	(Indicate amount of any encumbrances on above parcels.)		
4.	All stocks and bonds of NEW JERSEY corporations or of banking decedent's name, are listed below. <u>If held jointly, set forth exactly</u>	g institutions located in this Stat in whose names.	e, which are registered in the
	NAME OF COMPANY, NUMBER AND KIND OF S	MARKET VALUE	
			\$

NAME OF BANK	DATI DEA BALA	ATH	CURRENT BALANCE	TO CREDIT OF:
NOTE: Banks have permission to release	se fifty percent of	f all funds	on deposit, upon ap	plication.
Relationship to decedent of those who so	urvived decedent	and are e	ntitled to share in the	e estate.
NAMES AND ADDRESSES		REL	ATIONSHIP	AGES OF LIFE TENANTS
Consents to transfer are desired at this ti	me covering the	following	items:	

(If release of assets in a custodial account is desired, state the name and location of the bank or trust company and attach a list (in duplicate) of the assets held as agent for the decedent.)

Form L-4 Page 3

8. Deponent is willing to make such to safeguard issuance of consents		be determined to be necessary by the Inheritance Tax Branch in order etailed return.			
9. Deponent certifies that the usual detailed resident return in connection with this estate will be filed with the Division of Taxation at the earliest possible date.					
		(Executor), (Administrator), (Heir-at-Law and Next of Kin)			
	My Home Address is	Street and Street Number			
,		Street and Street Number			
		City or Town and State			
SWORN AND SUBSCRIBED TO					
BEFORE ME THIS					
DAY OF					

Form L-4 Page 4